

OAKHURST COMMUNITY ASSOCIATION INC

VANGUARD MANAGEMENT GROUP

ARCHITECTURAL REVIEW FORM

Email: fcmo.hoa.arc.oakhurst@gmail.com

Date of this submission: _____

Is this application a re-submittal of the previous application? Yes ____ No ____

Homeowner(s) Name: _____ (Print)

_____ (Print)

Lot #: _____

Oakhurst Address: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____ - _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Project start date: _____

Estimated completion date: _____

Who will be doing the work? Self (Homeowner) ____ Contractor ____

Contractor Name: _____ Phone: (_____) _____

Contractor Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Contractor License: _____

Business Name: _____

Will a permit be required by the County? Yes ____ No ____

Describe the proposed alteration(s)/addition(s) in details:

Check all that apply and submit the supporting document(s) required:

____ Paint	<ol style="list-style-type: none"> 1. Please refer to the Oakhurst neighborhood color palette for the ARC disclaimers and any additional items needed. 2. Please include brand/code/color for the following: <ol style="list-style-type: none"> a. Body: _____ b. Trim: _____ c. Garage Door: _____ d. Faux Shutters: _____ e. Front Door: _____
____ Fence	<ol style="list-style-type: none"> 1. Copy of the lot survey showing the location of the fence and gates. 2. Fence type: PVC: ____ or Aluminum: ____ (black aluminum lake only) 3. If PVC fence what color; Tan: ____ ; White: ____.

____ Roofing	<ol style="list-style-type: none"> 1. Please provide Shingle type, Manufacture and Color. 2. Please provide a picture of the shingles.
____ Gutters	<ol style="list-style-type: none"> 1. Bronze only 2. Please provide diagram and location of down spouts.
____ Hurricane Shutters	<ol style="list-style-type: none"> 1. Specifications and pictures of the proposed shutters. 2. Bronze only.
____ Windows	<ol style="list-style-type: none"> 1. Window type 2. Specifications and picture.
____ Generator	<ol style="list-style-type: none"> 1. Copy of the lot survey showing the location of the proposed generator as well as connections or storage. (Must be behind fence) 2. Type of generator.
____ Solar Panels	<ol style="list-style-type: none"> 1. Site plan location of where the solar panels will be placed. 2. Specification/pictures of the proposed panels. 3. Solar Heating Panels: ____ Solar Electric Panels: ____
____ Landscaping or Curbing	<ol style="list-style-type: none"> 1. Copy of the survey with a diagram indicating large plants along with any proposed curbing.

____Tree Removal	<ol style="list-style-type: none"> 1. Survey with the location of the tree. 2. Reason for removing tree. 3. Property owners are required to obtain proper documentation from an arborist certified by the International Society of Arboriculture or a Florida licensed landscape architect if the tree presents a danger to the property. 4. Will the tree be replaced: Yes: ____ No: ____ (See requirements)
____Pavers	<ol style="list-style-type: none"> 1. No survey is required if the request is for a replacement of the current driveway. 2. Copy if the survey indicating placement and photo of the pavers to be installed.
____Pool or Spa Screen Enclosure	<ol style="list-style-type: none"> 1. Copy of the lot survey with the sketch/design of the location.
____New Construction Other	<ol style="list-style-type: none"> 1. Copy of a survey with any proposed changes.

IMPORTANT INFORMATION FOR ALTERATION APPLICATIONS

The application form must be completed and signed by the homeowner(s) of the property. Please review the Declaration of Covenants, Conditions and Restrictions for a completed description of your responsibilities, regarding Architectural Control requirements and submittals. Initials: _____

The Architectural Review Committee will meet to review this application within 30 days of receipt. Under no circumstances are any alteration to begin without proper approval of the Oakhurst community association Architectural Review Committee. Initials: _____

If approval is granted. It is not to be construed to cover approval of any State or County Code requirements. A building permit from the appropriate building department is needed on most property alterations or any other improvements. The Architectural Review Committee (ARC) shall have no liability or obligation to determinate whether such improvement(s), alteration(s) and addition(s) comply with any applicable law, regulations, code or any ordinance. It is understood and agreed that Oakhurst Community Association Inc is not required to take any action to repair, replace or maintain any such approved change(s), alteration(s) or addition(s) on any structure or any property. The homeowner and its assignees assume all responsibility and cost for any addition(s) or change(s) and its future upkeep and maintenance. Initials: _____

Signature of Homeowner(s):

1: _____ Date: _____

#2: _____ Date: _____

For internal Use:

ARC Reviewer: _____

Date: _____

Approved: _____ Denied: _____

If applies, reason for denial:
